

VERIFICATION OF ELIGIBILITY

Complete section 1 or 2 only

MI HR Service Center
Toll Free (877) 766-6447
Fax: (517) 241-5892

EMPLOYEE NAME	EMPLOYEE ID NO.	EMPLOYEE DAYTIME PHONE
CHILD NAME	CHILD BIRTHDATE	

1 STUDENT VERIFICATION OF ELIGIBILITY

Student Eligibility Criteria

To enroll or continue enrollment in State Sponsored Group health, dental, and vision plans. The dependent of an Other Eligible Adult Individual (OEAI) is eligible for the health plan only. To enroll or continue enrollment, a child must be:

1. Regularly attending an accredited educational institution;
2. Unmarried;
3. Dependent on employee/OEAI parent for at least 50% of his or her support; and
4. Ages 19 through 24.

Required Documentation (must include the name of child, school, and academic semester/term)

You must provide one of the following (fax & address on reverse side):

1. A current class schedule, transcript, or letter from the school stating the semester your dependent is enrolled OR
2. A tuition bill for the current semester, if in college OR
3. A class schedule for the prior semester completed, closest to your dependent's birthday.

NAME OF SCHOOL CHILD IS ATTENDING

I certify that the child listed above meets all the student eligibility criteria.

EMPLOYEE SIGNATURE

DATE

2 ADULT CHILD VERIFICATION OF ELIGIBILITY

The Patient Protection and Affordable Care Act (PPACA) of 2010 allows children to remain on their parent's or legal guardian's health care plan until age 26, regardless of marital or student status, or dependency on you for financial support.

Adult Child Eligibility Criteria

To continue enrollment in State Sponsored Group health only, a child must be:

1. A child by birth or legal adoption; step-child; or foster child placed by a State agency or the court,
2. Under age 26.

Children of employees hired before 4/1/2010 may not have access to other employer provided health insurance. This does not apply to those employees hired on or after 4/1/2010 or represented by MSPTA.

Required Documentation

You must provide one of the following, unless previously provided (fax & address on reverse side):

1. A birth certificate OR
2. Court documentation supporting the relationship above AND a birth certificate or other government issued proof of age.

I certify that the child listed above meets all the adult child eligibility criteria.

EMPLOYEE SIGNATURE

DATE

NOTE: Falsification of documents constitutes fraud and could require restitution of premiums, loss of insurance, and prosecution.

Return the completed form and required documentation to:

MI HR SERVICE CENTER

Capitol Commons Center
1st Floor, P. O. Box 30002
Lansing, MI 48909

Fax: (517) 241-5892

Telephone: Toll Free (877) 766-6447; Lansing area (517) 335-0529;
Michigan Relay Center for Hearing Impaired Dial 711